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Bib Data Sheet

CONFIRMATION NO. 9859

<b>SERIAL NUMBER</b> 10/076,131	<b>FILING OR 371(c) DATE</b> 02/13/2002 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> 219002028310
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/316,761 05/21/1999 PAT 6,589,954 which is a CIP of 09/275,176  
 03/24/1999 PAT 6,340,685  
 which is a CIP of 09/128,137 08/03/1998 PAT 6,130,235  
 which claims benefit of 60/086,531 05/22/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 04/09/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature: <i>[Signature]</i> Initials: <i>cl</i>				

**ADDRESS**

25225

**TITLE**

Compounds and methods to treat cardiac failure and other disorders

<b>FILING FEE RECEIVED</b> 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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